



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Company Name		Type of Business
Billing Address		Sole Proprietorship Partnership Corporation Other
City, State ZIP		
Phone		
Dun & Bradstreet # (REQUIRED)		
Order Confirmation Preference	Fax:	E-mail:
Invoices Emailed ONLY	Email:	

### ACCOUNTS PAYABLE INFORMATION

Primary A/P Contact		Phone	
Address		Fax	
City, State ZIP		A/P E-mail	
Alternate A/P Contact		Phone	
Address		Fax	
City, State ZIP		A/P E-mail	

### TAX INFORMATION

**Sales tax will be added to invoices for shipments to California and Arizona unless customer is either a Reseller or Tax Exempt.**

Is Customer a Reseller?	Yes	No	<ul style="list-style-type: none"> <li>If yes, provide Resale Certificate for each applicable state</li> </ul>	**Seller's permit does not meet requirement for deferring sales tax
Is Customer Tax Exempt?	Yes	No	<ul style="list-style-type: none"> <li>If yes, provide Tax Exemption Document</li> </ul>	

### AGREEMENT

1. If you are applying for terms with an open line of credit to be paid with a company check, please sign below and on page 2 of this form and attach a copy of your company's trade references.
2. All invoices are to be paid 30 days from the date of the invoice. Unless otherwise expressly agreed in writing.
3. By submitting this application, you authorize Siskiyou Corporation to make inquiries into the banking and business/trade references that you have supplied.

I hereby certify that the above information provided herein is correct and complete and I authorize Siskiyou Corporation to verify the same. To accomplish such verification, the undersigned hereby authorizes any bank or other financial institution to release to Siskiyou Corporation and its employees or agents, any and all credit, financial, banking or other information regarding the organization listed herein which may be requested by Siskiyou Corporation and its employees or agents.

### SIGNATURE

Signature		Date	
Printed Name		Title	

## AGREEMENT

I (we) agree that this application may be referred to a credit reporting bureau for verification of the information provided and if credit is extended, I (we) further agree that such extension of credit shall be subject to the following terms and conditions:

1. I (we) shall pay the full amount of the invoice when due, which is defined as 30 days from invoice date unless otherwise specified. 1% discount for prompt payment is applicable if invoices are paid in full within 10 days of invoice date.
2. If payment in full is not received by Siskiyou Corporation; by the due date, a service charge of 1-1/2% per month (18% per annum), or the maximum allowable by law, whichever is lesser, shall run on the unpaid balance from said date until payment in full is made.
3. In the event that a delinquent account is placed in the hands of a licensed collector or an attorney for collection, or suit is instituted on this account, I (we) agree to pay, in addition to the amount of the delinquent amount and interest, court costs, collector's and / or attorney's fees.
4. I (we) acknowledge receipt of and agree to the Siskiyou Corporation; Terms and Conditions of Sale, as printed on packing lists and invoices.
5. This agreement will be construed under the laws of the State of Oregon, without regard to the choice of law rules of that state.
6. Any action brought by either party for claims arising out of this agreement shall be filed in the appropriate court located in the State of Oregon, County of Josephine.

SIGNATURE			
Agreement Accepted For (Company Name)		Authorized Agent Signature	
Title		Date	